



## Opening Doors Accommodation Assessment 2011

This survey is to assist the Governor's Office of Community Service Opening Doors Project in assessing specific accommodation needs of National Service members and providing appropriate training and technical assistance to National Service Program Directors.

**Instructions:** Do not identify yourself by name or number on this form. Please check the box or boxes that apply to you.

**1. In which National Service program are you a member?**

- ☐ Learn and Serve
- ☐ Literacy Support Corps
- ☐ Montana Campus Corps
- ☐ Montana Conservation Corps
- ☐ Montana Legal Services
- ☐ National Center for Appropriate Technology
- ☐ Senior Corps
- ☐ Young Adult Service Corps

**2. Are you a:**

- ☐ First year AmeriCorps member
- ☐ Second year AmeriCorps member

**3. What city or region is your home site?**

- ☐ City \_\_\_\_\_
- ☐ Region \_\_\_\_\_

**4. Which of the following conditions substantially limits one or more of your major life activities, you have a record of, or are regarded as having such impairment.**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> None  | <input type="checkbox"/> Prefer not to report  | <input type="checkbox"/> Multiple Sclerosis  |
| <input type="checkbox"/> Head Injury   | <input type="checkbox"/> ADD or ADHD           | <input type="checkbox"/> Anxiety Disorder    |
| <input type="checkbox"/> Asthma  | <input type="checkbox"/> Pulmonary Disability  | <input type="checkbox"/> Stroke              |
| <input type="checkbox"/> Blind   | <input type="checkbox"/> Amputation            | <input type="checkbox"/> Speech Impairment   |
| <input type="checkbox"/> Depression  | <input type="checkbox"/> Deaf/ Hard of Hearing | <input type="checkbox"/> Chemical or alcohol |
| <input type="checkbox"/> Bipolar disorder  | <input type="checkbox"/> Autism                | <input type="checkbox"/> Dependency          |
| <input type="checkbox"/> Diabetes  | <input type="checkbox"/> Learning Disability   | <input type="checkbox"/> Epilepsy            |
| <input type="checkbox"/> HIV/AIDS  | <input type="checkbox"/> Cerebral Palsy        | <input type="checkbox"/> Cancer              |
| <input type="checkbox"/> Environmental Sensitivity                                       | <input type="checkbox"/> Muscular Dystrophy    | <input type="checkbox"/> Spinal Cord Injury  |
| <input type="checkbox"/> Visual (Wearing glasses may or may not identify an impairment.) |  |  |
| <input type="checkbox"/> Other (specify) _____   |  |  |

**PLEASE CONTINUE: Read and respond to all questions**

Persons with disabilities may require a reasonable accommodation to successfully complete their service within their National Service program.

**Reasonable Accommodation:** A reasonable accommodation is a modification or adjustment to a member's service experience; flexible service schedule, swapping tasks, architectural changes to access service sites, etc.

A reasonable accommodation enables a qualified individual with a disability equal opportunity to provide the same service as National Service members without disabilities by providing the member with the means to attain the same level of performance, enjoying equal benefits, and privileges from providing service as are available to members who do not have a disability.

5. Have you requested a reasonable accommodation from your Supervisor?

☐ Yes                      ☐ No                      ☐ N/A

6. If you requested a reasonable accommodation, has the National Service program provided a reasonable accommodation to assist you in fully participating in the program?

☐ Yes                      ☐ No                      ☐ N/A

**Reasonable Accommodation:** Auxiliary aids/services, alternative formats for printed material designed to assist you in providing service and benefiting from the National Service program for example; a CCTV to enlarge print, amplified audio listening device, a person who reads to you, a sign language interpreter, material on audiotape, or print is enlarged.

7. Have you requested auxiliary aids/services or alternate formats for printed material because of your disability?

☐ Yes                      ☐ No                      ☐ N/A

8. If you requested an auxiliary aid/service or alternate formats for printed material was it provided?

☐ Yes                      ☐ No                      ☐ N/A

Thank you for completing this survey!

Please return the completed survey to your program director or mail directly to:

Governor's Office of Community Service

Attn: Opening Doors

PO Box 200801

Helena, MT 59620

To make additional comments regarding your service experience please visit our website at [serve.mt.gov](http://serve.mt.gov) and/or email [serve@mt.gov](mailto:serve@mt.gov).